# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (             | Guide explains how to compl      | ete this form.    | 1 Filer ID<br>(Ethics Comm<br>00080432 |                                   | 2 Total pages file                     |                          |  |
|------------------------------------|----------------------------------|-------------------|--|-----------------------------------|--|--------------------------|--|
| 3 CANDIDATE /                      | MS / MRS / MR                    | FIRST             |  | MI                                | OFFICE U                               | ISE ONI Y                |  |
| OFFICEHOLDER<br>NAME               | The Honorable                    | Audrey Gosse      | ett                                    |                                   | Date Received  ELECTRONICA             |                          |  |
|                                    |                                  |                   |  |                                   |  | LLY FILED                |  |
|                                    | NICKNAME                         | LAST              |  | SUFFIX                            | 02/25/2024                             |                          |  |
|                                    |                                  | Louis             |  |                                   |  |                          |  |
| 4 CANDIDATE /                      | ADDRESS / PO BOX; APT            | / SUITE #; CIT    | Γ <b>Y</b> ;                           | ZIP CODE                          | Date Hand-delivered or                 | Date Postmarked          |  |
| OFFICEHOLDER<br>MAILING<br>ADDRESS | 1105 A Street                    |                   |  |                                   | Receipt#                               | Amount                   |  |
| Change of Address                  | Floresville, TX 78114            |                   |  |                                   | Date Processed                         |                          |  |
|                                    |                                  |                   |  |                                   | Date Imaged                            |                          |  |
|                                    |                                  |                   |  |                                   |  |                          |  |
| 5 CAMPAIGN                         | MS / MRS / MR                    | FIRST             |  | MI                                | -                                      |                          |  |
| TREASURER<br>NAME                  | Ms.                              | Benecia           |  |                                   |  |                          |  |
|                                    | NICKNAME                         | LAST              |  | SUFFIX                            |  |                          |  |
|                                    |                                  | Flores            |  |                                   |  |                          |  |
| 6 CAMPAIGN                         | STREET ADDRESS (NO PO            | POX DI FASE):     | AP                                     | T / SUITE #; CITY;                | STA <sup>-</sup>                       | TE; ZIP CODE             |  |
| TREASURER<br>ADDRESS               | 2133 10th Street                 | BOX FLLAGE,       | / u                                    | 1/3011L#, Ci.i.,                  | 3170                                   | TE, ZII GODE             |  |
| (Residence or Business)            | Floresville, TX 78114            |                   |  |                                   |  |                          |  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE PHON<br>(210) 392-3367 | IE NUMBER I       | EXTENSION                              |                                   |  |                          |  |
| 8 REPORT<br>TYPE                   | January 15                       | 30th day before   | e election                             | Runoff                            | 15th day after cam appointment (office |                          |  |
|                                    | July 15                          | 8th day before    | election                               | Exceeded modified reporting limit | Final Report (Attac                    | ch C/OH-FR)              |  |
| 9 PERIOD                           | Month Day Year                   |                   |  | Month Day                         | Year                                   |                          |  |
| COVERED                            | 01/26/2024                       | Tŀ                | HROUGH                                 | 02/24/202                         |  |                          |  |
| 10 ELECTION                        | ELECTION DATE                    |                   |  | ELECTION TYPE                     |  |                          |  |
|                                    | Month Day Year                   | XP                | Primary                                | Runoff                            | Other                                  |                          |  |
|                                    | 03/05/2024                       |                   | General                                | Special                           | _                                      |                          |  |
|                                    |                                  | L)~               | τοι σι                                 | эрсоги                            |  |                          |  |
| 11 OFFICE                          | OFFICE HELD (if any)             |                   |  | 12 OFFICE SOUGHT                  | (if known)                             |                          |  |
| II OFFICE                          | District Attorney (Multi-cou     | ınty) District 81 |  | District Attorney                 |  | strict 81 Atascosa,<br>1 |  |
|                                    | .1                               |                   |  | , <b>L</b>                        |  |                          |  |
| GO TO PAGE 2                       |                                  |                   |  |                                   |  |                          |  |
|                                    |                                  | 60 1              | IO FAGE 2                              |                                   |  |                          |  |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 16

| 13 C / OH NAME                                 | (Ethics Com                               | mission Filers)                        |  |  |                |            |
|--|---|--|--|--|----------------|------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.                 | These expenditures ma                  | cepted or political expenditu<br>ny have been made without t<br>red to report this information | he candidate's or offi                   | ceholder's kn  | owledge or |
| Additional Pages                               | COMMITTEE TYPE                            | COMMITTEE NAME                         |  |  |                |            |
| Ш  | GENERAL                                   |  |  |  |                |            |
|  |   | COMMITTEE ADDRES                       | SS   |  |                |            |
|  | SPECIFIC                                  |  |  |  |                |            |
|  |   | COMMITTEE CAMPAI                       | IGN TREASURER NAME   |  |                |            |
|  |   | COMMITTEE CAMPAI                       | IGN TREASURER ADDRES   | SS                                       |                |            |
| 16 CONTRIBUTION                                |   |  | TRIBUTIONS (OTHER THAI   |  | 5,             |            |
| TOTALS   | OR GUARANTE                               | \$                                     | 0.00   |  |                |            |
|  |   | AL CONTRIBUTIONS<br>PLEDGES, LOANS, OR | GUARANTEES OF LOANS  | 5)                                       | \$             | 9,033.47   |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                           | IZED POLITICAL EXPE                    | NDITURES   |  | \$             | 0.00       |
|  | 4. TOTAL POLITIC                          | AL EXPENDITURES                        |  |  | \$             | 18,312.83  |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC REPORTING PE             |  | MAINTAINED AS OF THE L   | AST DAY OF THE                           | \$             | 4,645.84   |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR          |  | OUTSTANDING LOANS AS   | OF THE LAST DAY                          | \$             | 0.00       |
| 17 AFFIDAVIT                                   |   |  |  |  |                |            |
|  |   | true                                   | vear, or affirm, under penalty<br>and correct and includes a<br>ler Title 15, Election Code.   |  |                |            |
|  |   |  | <b>T</b>   | de Andre Occurs                          |                |            |
|  |   |  |  | ole Audrey Gossett  Candidate or Officeh |                |            |
| AFFIX NO                                       | TARY STAMP / SEAL AB                      | OVE                                    | Signature of   | Canadate of Cincert                      | oldei          |            |
|  |   |  |  |  |                |            |
| Sworn to and subso                             | cribed before me, by the s<br>, 20, to co | aid                                    | hand and seal of office  | , this the                               |                | day        |
| 01   | , 20, to the                              | eruny willen, withess my               | mand and sear or office.   |  |                |            |
| Signature of office                            | cer administering                         | Printed name of o                      | fficer administering   | Title of offic                           | er administeri | ing oath   |

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

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|               |                     |   |             |           | 3 01 10               |
|---------------|---------------------|---|-------------|-----------|-----------------------|
| <b>18</b> FIL | ER NAN              | ME  | 19 Filer ID | (Ethi     | cs Commission Filers) |
| Lo            | uis, Au             | drey Gossett (The Honorable)  | 00080432    |           |                       |
|               |                     | SUBTOTALS   |             |           | SUBTOTAL AMOUNT       |
| NA            | ME OF               | SCHEDULE  |             |           |                       |
| 1.            | X                   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                             |             | \$        | 8,637.00              |
| 2.            | X                   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS               | \$          | 396.47    |                       |
| 3.            |                     | SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$          |           |                       |
| 4.            | X SCHEDULE E: LOANS |   |             |           | 0.00                  |
| 5.            | X                   | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:          | \$          | 18,258.82 |                       |
| 6.            |                     | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                  |             | \$        |                       |
| 7.            |                     | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION          | ONS         | \$        |                       |
| 8.            |                     | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                             |             | \$        |                       |
| 9.            | X                   | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                    |             | \$        | 54.01                 |
| 10.           |                     | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS            | OF C/OH     | \$        |                       |
| 11.           |                     | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION        | DNS         | \$        |                       |
| 12.           |                     | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED    | \$        |                       |
|               |                     |   |             | -         |                       |

|   | MONET  | ARY POLITICAL (  |                         | SCHEDULE A1  |          |  |            |
|---|--|--|-------------------------|--|----------|--|------------|
|   | The Instru   | ction Guide explains how   | to complete this fo     | orm.   | 1        | Total pages Schedule A1:<br>Sch: 1/3 Rpt: 4/16 |            |
| 2 | FILER NAME<br>Louis, Audre                           | y Gossett (The Honorable)  |                         |  | 3        | Filer ID (Ethics Commission 00080432           | on Filers) |
| 4 | Date 02/21/2024                                      | <ul><li>5 Full name of contributor</li><li>Braun, Julie</li><li>6 Contributor address; City; S</li></ul> | out-of-state PAC (ID#:_ |  | 7        | Amount of Contribution (\$)                    | \$250.00   |
| 8 | Dringinal occu                                       | Hobson, TX 78117 pation / Job title (See Instructions  | <u> </u>                | 9 Employer (See Instructions                       | -/-<br>  |  |            |
| 0 | retired school                                       |  | 5)                      | Employer (See instructions                         | >)       |  |            |
|   | Date<br>02/08/2024                                   | Full name of contributor Brown, Rebecca Contributor address; City; S                                     |                         |  | •        | Amount of Contribution (\$)                    | \$1,000.00 |
|   |  | Cotulla, TX 78014  |                         |  | <u> </u> |  |            |
|   | Principal occu                                       | pation / Job title (See Instructions   | 5)                      | Employer (See Instructions                         | 5)       |  |            |
|   | Date 02/05/2024                                      | Full name of contributor out-of-state PAC (ID#:  |                         |  |          | Amount of Contribution (\$)                    | \$1,337.00 |
|   |  | Karnes City, TX 78118  |                         |  |          |  |            |
|   | Principal occu<br>retired                            | pation / Job title (See Instructions   | 5)                      | Employer (See Instructions retired                 | s)       |  |            |
|   | Date<br>01/30/2024                                   | Full name of contributor Flores, Benecia  Contributor address; City; S  Floresville, TX 78114            |                         | )  | •        | Amount of Contribution (\$)                    | \$500.00   |
|   | Principal occu<br>probate attor                      | pation / Job title (See Instructions   | s)                      | Employer (See Instructions<br>Petrosewicz Law Firm | 5)       |  |            |
|   | Date Full name of contributor out-of-state PAC (ID#: |  |                         |  | •        | Amount of Contribution (\$)                    | \$100.00   |
|   | Principal occu<br>retired Navy                       | pation / Job title (See Instructions   | 5)                      | Employer (See Instructions                         | 5)       |  |            |
|   |  |  |                         |  |          |  |            |

|   | MONET   | ARY POLITICAL C   |                    | SCHEDULE A1                            |                |  |           |
|---|---|---|--------------------|--|----------------|--|-----------|
|   | The Instru  | ction Guide explains how t  | o complete this fo | rm.                                    | 1              | Total pages Schedule A1:<br>Sch: 2/3 Rpt: 5/16 |           |
| 2 | FILER NAME<br>Louis, Audre  | y Gossett (The Honorable)   |                    |  | 3              | Filer ID (Ethics Commission 00080432           | n Filers) |
| 4 | Date 01/30/2024   | <ul><li>5 Full name of contributor  Lam, Felicia</li><li>6 Contributor address; City; State</li></ul> |                    |  | 7              | Amount of Contribution (\$)                    | \$200.00  |
| 8 | Principal occu  | San Antonio, TX 78259 pation / Job title (See Instructions)   | la                 | Employer (See Instructions             | ;)<br>         |  |           |
| Ü | i illicipai occu  | pation / Job title (See Instructions)   |                    | Employer (See mandenons                | "              |  |           |
|   | Date Full name of contributor out-of-state PAC (ID#:  |   |                    |  |                | Amount of Contribution (\$)                    | \$500.00  |
|   |   | Pearsall, TX  | ,                  |  | <u> </u>       |  |           |
|   | Principal occu  | pation / Job title (See Instructions)   |                    | Employer (See Instructions             | S)             |  |           |
|   | Date Full name of contributor out-of-state PAC (ID#: 01/30/2024 Mills, Nina  Contributor address; City; State; Zip Code |   |                    |  | •              | Amount of Contribution (\$)                    | \$100.00  |
|   |   | Poth, TX 78147  |                    |  |                |  |           |
|   | Principal occu<br>bank manag  | pation / Job title (See Instructions) er  |                    | Employer (See Instructions Wells Fargo | 5)             |  |           |
|   | Date<br>02/05/2024  | Full name of contributor Patton, Cook (Dr.) Contributor address; City; Stat                           |                    | )                                      |                | Amount of Contribution (\$)                    | \$500.00  |
|   | Principal occu<br>Veterinarian  | pation / Job title (See Instructions)   |                    | Employer (See Instructions self        | <u>l</u><br>s) |  |           |
|   | Date<br>02/08/2024  |   | •                  | Amount of Contribution (\$)            | \$50.00        |  |           |
|   | Principal occu  | pation / Job title (See Instructions)   |                    | Employer (See Instructions             | 5)             |  |           |
|   |   |   |                    |  |                |  |           |

|  | MONET   | ARY POLITICAL CONTRIBUTION   | SCHEDULE A1                                      |   |  |            |
|--|---|--|--|---|--|------------|
|  | The Instru  | ction Guide explains how to complete this f  | orm.   | 1 | Total pages Schedule A1:<br>Sch: 3/3 Rpt: 6/16 |            |
| 2  | FILER NAME<br>Louis, Audre  | ey Gossett (The Honorable)   |  | 3 | Filer ID (Ethics Commission 00080432           | on Filers) |
| 4  | Date<br>02/08/2024  | <ul> <li>Full name of contributor</li></ul>  | )  | 7 | Amount of Contribution (\$)                    | \$1,000.00 |
| 8  | Dringing oggu   | Stockdale, TX 78160 pation / Job title (See Instructions)  | 9 Employer (See Instructions                     |   |  |            |
| •  | housewife   |  | none   | ) |  |            |
|  | Date Full name of contributor out-of-state PAC (ID#:)  Schoenert, Jeanine  Contributor address; City; State; Zip Code |  |  |   | Amount of Contribution (\$)                    | \$2,500.00 |
| La Vernia, TX 78121  Principal occupation / Job title (See Instructions)  Employer (See In |   |  |  |   |  |            |
|  | real estate d   |  | self   | , |  |            |
|  | Date<br>02/08/2024  | Full name of contributor out-of-state PAC (ID#:_ Schorp, Desiree Contributor address; City; State; Zip Code                |  |   | Amount of Contribution (\$)                    | \$100.00   |
|  |   | Jourdanton, TX 78026   |  |   |  |            |
|  | Principal occu<br>retired   | pation / Job title (See Instructions)  | Employer (See Instructions<br>Methodist Hospital | ) |  |            |
|  | Date<br>02/05/2024  | Full name of contributor out-of-state PAC (ID#:_ Turner, Bill Contributor address; City; State; Zip Code  Austin, TX 78737 |  |   | Amount of Contribution (\$)                    | \$500.00   |
|  | Principal occu<br>retired Distri  | pation / Job title (See Instructions) ct Attorney  | Employer (See Instructions                       | ) |  |            |
|  |   |  |  |   |  |            |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

| The Instru           | ction Guide explains how to complete this f  | orm.  | 1 Total pages Schedule A2:<br>Sch: 1/2 Rpt: 7/16  |  |  |  |  |
|----------------------|--|---|---|--|--|--|--|
| 2 FILER NAME         |  |   | 3 Filer ID (Ethics Commission Filers)   |  |  |  |  |
|                      | ey Gossett (The Honorable)   |   | 00080432  |  |  |  |  |
| 4 TOTAL OF           | UNITEMIZED IN-KIND POLITICAL CONTRIB   | UTIONS  | \$  |  |  |  |  |
| 5 Date<br>02/08/2024 | 7 Contributor address; City; State; Zip Code   | )   | 8 Amount of solution (\$) In-kind contribution description \$150.76 I snacks for mixer  |  |  |  |  |
|                      | Falls City, TX 78113   | i   | Check if travel outside of Texas. Complete Schedule T.                                  |  |  |  |  |
| 10 Principal occu    | upation / Job title (FOR NON-JUDICIAL) (See instructions)  | 11 Employer (FOR NON                                      | I-JUDICIAL) (See instructions)  |  |  |  |  |
| 12 Contributor's     | principal occupation (FOR JUDICIAL)  | 13 Contributor's job title                                | (FOR JUDICIAL) (See instructions)   |  |  |  |  |
| 14 Contributor's     | employer/law firm (FOR JUDICIAL)   | 15 Law firm of contribute                                 | or's spouse (if any) (FOR JUDICIAL)   |  |  |  |  |
| 16 If contributor    | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |   |   |  |  |  |  |
| 10 ii contributor    | is a clilid, law littli of pateril(s) (if ally) (FOR JODICIAL)   |   |   |  |  |  |  |
| Date<br>01/30/2024   | Full name of contributor out-of-state PAC (ID#: English, Laurie  Contributor address; City; State; Zip Code    |   | Amount of In-kind contribution contribution (\$) description \$116.50   push cards      |  |  |  |  |
|                      | Ozona, TX 76943  |   | Check if travel outside of Texas. Complete Schedule T.                                  |  |  |  |  |
| Principal occu       | upation / Job title (FOR NON-JUDICIAL) (See instructions)  | Employer (FOR NON   | I-JUDICIAL) (See instructions)  |  |  |  |  |
| 112th Distric        | ct Attorney  | State of Texas  |   |  |  |  |  |
| Contributor's        | principal occupation (FOR JUDICIAL)  | Contributor's job title (FOR JUDICIAL) (See instructions) |   |  |  |  |  |
| Contributor's        | employer/law firm (FOR JUDICIAL)   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |   |  |  |  |  |
| If contributor       | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |   |   |  |  |  |  |
| Date<br>02/08/2024   | Full name of contributor out-of-state PAC (ID#:<br>Lerma, Alyssa<br>Contributor address; City; State; Zip Code |   | Amount of In-kind contribution contribution (\$) description \$29.21 I drinks for mixer |  |  |  |  |
|                      | Jourdanton, TX   |   | I<br>I<br>Check if travel outside of Texas. Complete Schedule T.                        |  |  |  |  |
| Principal occu       | upation / Job title (FOR NON-JUDICIAL) (See instructions)  | Employer (FOR NON   | I-JUDICIAL) (See instructions)  |  |  |  |  |
| Contributor's        | principal occupation (FOR JUDICIAL)  | Contributor's job title                                   | (FOR JUDICIAL) (See instructions)   |  |  |  |  |
| Contributor's        | employer/law firm (FOR JUDICIAL)   | Law firm of contribute                                    | or's spouse (if any) (FOR JUDICIAL)   |  |  |  |  |
| If contributor       | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  | 1   |   |  |  |  |  |
|                      |  |   |   |  |  |  |  |

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 8/16 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Louis, Audrey Gossett (The Honorable) 00080432 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/30/2024 Mitchell, Christina \$100.00 push cards 7 Contributor address; City; State; Zip Code Uvalde, TX 78801 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 38th Judicial District Attorney State of Texas 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

|    | LOANS                              |                                   |                 |                              |             | SCH                                  | IEDULE <b>E</b> |
|----|------------------------------------|-----------------------------------|-----------------|------------------------------|-------------|--------------------------------------|-----------------|
|    | The Instruction                    | n Guide explains how to cor       | mplete this f   | orm.                         | 1           | pages Schedule E<br>1/1 Rpt: 9/16    | i:              |
| 2  | FILER NAME<br>Louis, Audrey G      | ossett (The Honorable)            |                 |                              | 1           | ID (Ethics Comm                      | nission Filers) |
| 4  | TOTAL OF UN                        | IITEMIZED LOANS                   |                 |                              | •           | \$                                   | 0.00            |
| 5  | Date of loan                       | 7 Name of lender                  | out-of-state PA | C (ID#:                      |             | 9 Loan Amou                          | unt (\$)        |
| 6  | Is lender a financial institution? | 8 Lender address; City;           | State;          | Zip Code                     |             | 10 Interest Ra                       |                 |
|    |                                    |                                   |                 |                              |             | <b>11</b> Maturity Da                | ate             |
| 12 | Principal occupation               | on / Job title (See Instructions) |                 | 13 Employer (See Instruction | ons)        | •                                    |                 |
| 14 | Description of Coll None           | ateral                            |                 | 15 Check if personal funds   | were deposi | ted into political ad<br>(See Instru |                 |
| 16 | GUARANTOR<br>INFORMATION           | 17 Name of guarantor              |                 |                              |             | 19 Amount Gu                         | uaranteed (\$)  |
|    | not applicable                     | 18 Guarantor address; City;       | State;          | Zip Code                     |             |                                      |                 |
|    |                                    |                                   |                 |                              |             |                                      |                 |
| 20 | Principal occupation               | on                                |                 | 21 Employer (See Instruction | ons)        | •                                    |                 |
|    |                                    |                                   |                 |                              |             |                                      |                 |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Con-

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | ommittee  | Gift/Awards/Memorials<br>Legal Services<br>The Instruction Gu |                           | -      | es/Contract Labor |       | Travel Out of Dis<br>OTHER (enter a     | strict<br>category not listed above) |   |
|---|--|-----------|---|---------------------------|--------|-------------------|-------|---|--------------------------------------|---|
| 1 | Total pages Schedule F1:   | EII ED    | NAME  |                           |        |                   | 3     | Filer ID                                | (Ethics Commission Filers)           | - |
| _ | Sch: 1/6 Rpt: 10/16  |           | Audrey Gossett (The   | Honorable)                |        |                   | ٥     | 00080432                                | (Eulics Commission Filers)           |   |
| 4 | Date   | Payee     | name  |                           |        |                   |       |   |                                      |   |
|   | 02/13/2024   | AMG       | Printing  |                           |        |                   |       |   |                                      |   |
| 6 | Amount (\$)  | Payee     | address; City;  | State; Zip                | Code   |                   |       |   |                                      |   |
|   | \$14,056.53  | 4606      | N. Stahl Park   |                           |        |                   |       |   |                                      |   |
|   |  | Suite     | 106   |                           |        |                   |       |   |                                      |   |
|   |  | San A     | ntonio, TX 78217  |                           |        |                   |       |   |                                      |   |
| 8 | PURPOSE  |           | Ory (See Categories listed at the                             | ne ton of this schedule)  | (b     | ) Description     |       |   |                                      | - |
|   | OF   |           | tising Expense  | ic top of this soricular, |        |                   | outsi | de of Texas. Com                        | plete Schedule T.                    |   |
|   | EXPENDITURE  |           | 3 1   |                           |        | Check if Austin,  | , TX, | officeholder living                     | expense                              |   |
|   |  |           |   |                           |        | mailers and le    | ette  | ers                                     |                                      |   |
| L |  |           |   |                           |        |                   |       |   |                                      |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OH  | Candida   | te/Officeholder name  | Office s                  | ough   | t                 |       | Office he                               | eld                                  |   |
|   | expenditure to benefit C/Or  |           |   |                           |        |                   |       |   |                                      |   |
|   | Date   | Payee     | name  |                           |        |                   |       |   |                                      |   |
|   | 02/08/2024   | Azoca     | ır III, Manuel  |                           |        |                   |       |   |                                      |   |
|   | Amount (\$)  | Payee     | address; City;  | State; Zip                | Code   |                   |       |   |                                      |   |
|   | \$250.00   | 321 E     | San Marcos  |                           |        |                   |       |   |                                      |   |
|   |  |           |   |                           |        |                   |       |   |                                      |   |
|   |  |           | all, TX 78061   |                           | -      | _                 |       |   |                                      |   |
|   | PURPOSE<br>OF  |           | Ory (See Categories listed at the                             | ne top of this schedule)  | (b)    | ) Description     |       |   |                                      |   |
|   | EXPENDITURE  | Adver     | tising Expense  |                           |        | <b>=</b>          |       | de of Texas. Com<br>officeholder living |                                      |   |
|   |  |           |   |                           |        | mailer design     |       |   | ,                                    |   |
|   |  |           |   |                           |        | 3                 |       |   |                                      |   |
|   | Complete ONLY if direct expenditure to benefit C/O   | Candida   | te/Officeholder name  | Office s                  | ough   | t                 |       | Office he                               | eld                                  |   |
| _ | Data   |           |   |                           |        |                   |       |   |                                      | = |
|   | Date   | Payee     |   |                           |        |                   |       |   |                                      |   |
|   | 02/13/2024   |           | ueces Current   |                           |        |                   |       |   |                                      | _ |
|   | Amount (\$)  | •         | address; City;  | State; Zip                | Code   |                   |       |   |                                      |   |
|   | \$75.00  | 321 E     | . San Marcos St.  |                           |        |                   |       |   |                                      |   |
|   |  |           |   |                           |        |                   |       |   |                                      |   |
| L |  | Pears     | all, TX 78061   |                           |        |                   |       |   |                                      |   |
|   | PURPOSE  | a) Catego | Ory (See Categories listed at the                             | ne top of this schedule)  | (b     | ) Description     |       |   |                                      |   |
|   | OF<br>EXPENDITURE  | Adver     | tising Expense  |                           |        | ш                 |       | de of Texas. Com                        | •                                    |   |
|   |  |           |   |                           |        | Jr Livestock S    |       | officeholder living                     | expense                              |   |
|   |  |           |   |                           |        | JI LIVESTOCK S    | אווכ  | w au                                    |                                      |   |
|   | Complete ONLY if direct  | Candida   | te/Officeholder name  | Office s                  | Oliabi | <u> </u>          |       | Office he                               | ald.                                 | _ |
|   | expenditure to benefit C/O   | Janua     | ac, omechoider name   | Office s                  | Jugili | •                 |       | Office He                               | J.G.                                 |   |
|   |  |           |   |                           |        |                   |       |   |                                      | _ |
|   |  |           |   |                           |        |                   |       |   |                                      |   |
|   |  |           |   |                           |        |                   |       |   |                                      |   |

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|---|--|---|
| - | Total pages Schedule F1:   |   |
| 1 | Sch: 2/6 Rpt: 11/16  | 2 FILER NAME Louis, Audrey Gossett (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080432                            |
| 4 | Date   | 5 Payee name  |
|   | 02/22/2024   | Frio Nueces Current   |
| 6 | Amount (\$)<br>\$747.50  | 7 Payee address; City; State; Zip Code 321 E. San Marcos St.  Pearsall, TX 78061  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | 2/22 ad   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol                                 | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 02/12/2024   | KSAQ Radio  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$420.00   | PO Box 702141   |
|   |  |   |
|   |  | San Antonio, TX 78270   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description   |
|   | EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|   |  | radio ads   |
|   |  |   |
|   | Complete ONLY if direct expenditure to benefit C/Ol  | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 02/16/2024   | Karnes Countywide   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$600.00   | 111 N. Washington   |
|   |  | Beeville, TX 78102  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  2/22 ad   |
|   |  |   |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI  | 1   |
|   |  |   |
|   |  |   |
|   |  |   |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/6 Rpt: 12/16 Louis, Audrey Gossett (The Honorable) 00080432 4 Date Payee name 02/23/2024 Next Level Signs and Designs 6 Amount (\$) Payee address; City; State; Zip Code \$37.88 1612 W. Oaklawn Pleasanton, TX 78064 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense sign Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/15/2024 Next Level Signs and Designs Amount (\$) Payee address; City; State; Zip Code \$151.55 1612 W. Oaklawn Pleasanton, TX 78064 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/05/2024 Next Level Signs and Designs Amount (\$) Payee address: City: State; Zip Code \$129.90 1612 W. Oaklawn Pleasanton, TX 78064 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | -<br>I Committee   | Gift/Awards/Memorials Expe<br>Legal Services  The Instruction Guide | Salaries/\         | Wages     | s/Contract Labor             |       | Travel Out of Dis<br>OTHER (enter a | strict<br>category not listed above) |
|----------|--|--------------------|---|--------------------|-----------|------------------------------|-------|-------------------------------------|--------------------------------------|
| _        | Total manage Calcadate 54  | <b>a</b> EllED MAX |   |                    | p/(       |                              | ٦.    | Files ID                            | (Ethios Commission Ellers)           |
| 1        | Total pages Schedule F1:   |                    |   |                    |           |                              | 3     | Filer ID                            | (Ethics Commission Filers)           |
|          | Sch: 4/6 Rpt: 13/16  | Louis, Audr        | ey Gossett (The Ho  | norable)           |           |                              |       | 00080432                            |                                      |
| 4        | Date   | 5 Payee name       |   |                    |           |                              |       | <u></u>                             |                                      |
|          | 02/12/2024   | Next Level         | Signs and Designs   |                    |           |                              |       |                                     |                                      |
| 6        | Amount (\$)  | 7 Payee addre      | ss; City;   | State; Zip Co      | ode       |                              |       |                                     |                                      |
|          | \$151.55   | 1612 W. Oa         |   | •                  |           |                              |       |                                     |                                      |
|          |  |                    |   |                    |           |                              |       |                                     |                                      |
|          |  | Pleasanton         | TV 70064  |                    |           |                              |       |                                     |                                      |
| <u> </u> | D. IDE   |                    |   |                    |           |                              |       |                                     |                                      |
| 8        | PURPOSE<br>OF  |                    | ee Categories listed at the top                                     | of this schedule)  | (b)       | Description                  |       |                                     |                                      |
|          | EXPENDITURE  | Advertising        | Expense   |                    |           | <b>=</b>                     |       |                                     | plete Schedule T.                    |
|          |  |                    |   |                    |           | signs                        | , 1,  | officeholder living                 | g expense                            |
|          |  |                    |   |                    |           | 5.91.0                       |       |                                     |                                      |
| _        | Complete ONLY if direct  | Condidata          | inahaldar na ====   | 04:22 22           | lak+      |                              |       | Office                              | ald                                  |
| 9        | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 |                    | iceholder name  | Office sou         | ıgnt      |                              |       | Office he                           | elu                                  |
|          |  |                    |   |                    |           |                              |       |                                     |                                      |
|          | Date   | Payee name         |   |                    |           |                              | _     |                                     |                                      |
|          | 02/02/2024   | Next Level         | Signs and Designs   |                    |           |                              |       |                                     |                                      |
|          | Amount (\$)  | Payee addre        | ss; City;   | State; Zip Co      | ode       |                              |       |                                     |                                      |
|          | \$164.54   | 1612 W. Oa         | aklawn  |                    |           |                              |       |                                     |                                      |
|          |  |                    |   |                    |           |                              |       |                                     |                                      |
|          |  | Pleasanton         | TX 78064  |                    |           |                              |       |                                     |                                      |
| _        | DUDDOCE  |                    |   |                    | /L1       | 5                            |       |                                     |                                      |
|          | PURPOSE<br>OF  |                    | ee Categories listed at the top                                     | of this schedule)  | (a)       | Description  Check if travel | Untei | de of Tevas Com                     | plete Schedule T.                    |
|          | EXPENDITURE  | Advertising        | ∟xpense   |                    |           |                              |       | officeholder living                 |                                      |
|          |  |                    |   |                    |           | signs                        | ,     |                                     | ,                                    |
|          |  |                    |   |                    |           | 5                            |       |                                     |                                      |
| $\vdash$ | Complete ONLY if direct  | Candidate/Off      | iceholder name  | Office sou         | l<br>Jaht |                              |       | Office he                           | eld                                  |
|          | expenditure to benefit C/O   |                    |   | 366 300            |           |                              |       | 0oc 110                             | <del>= : =</del>                     |
| $\vdash$ | <b>D</b> .   | _                  |   |                    |           |                              |       |                                     |                                      |
|          | Date   | Payee name         |   |                    |           |                              |       |                                     |                                      |
|          | 02/02/2024   | Next Level         | Signs and Designs   |                    |           |                              |       |                                     |                                      |
|          | Amount (\$)  | Payee addre        | ss; City;   | State; Zip Co      | ode       |                              |       |                                     |                                      |
|          | \$378.88   | 1612 W. Oa         | aklawn  |                    |           |                              |       |                                     |                                      |
|          |  |                    |   |                    |           |                              |       |                                     |                                      |
|          |  | Pleasanton         | , TX 78064  |                    |           |                              |       |                                     |                                      |
|          | PURPOSE  |                    |   | of this ask sale ( | (h)       | Description                  |       |                                     |                                      |
|          | OF   | Advertising        | ee Categories listed at the top                                     | or this schedule)  | (")       |                              | outsi | de of Texas. Com                    | plete Schedule T.                    |
|          | EXPENDITURE  | Auvertising        | Expense   |                    |           |                              |       | officeholder living                 |                                      |
|          |  |                    |   |                    |           | signs                        |       |                                     |                                      |
|          |  |                    |   |                    |           |                              |       |                                     |                                      |
|          | Complete ONLY if direct  | Candidate/Off      | ceholder name   | Office sou         | ıght      |                              |       | Office he                           | eld                                  |
|          | expenditure to benefit C/OI  |                    |   |                    | -         |                              |       |                                     |                                      |
|          |  |                    |   |                    |           |                              |       |                                     |                                      |
|          |  |                    |   |                    |           |                              |       |                                     |                                      |
|          |  |                    |   |                    |           |                              |       |                                     |                                      |

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

|          | Credit Card Payment        | The Instruction Guide explains how to complete this form.                        |   |
|----------|----------------------------|--|---|
| 1        | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                               | _ |
|          | Sch: 5/6 Rpt: 14/16        | Louis, Audrey Gossett (The Honorable) 00080432                                   |   |
| 4        | Date                       | 5 Payee name   | _ |
|          | 01/30/2024                 | SP Enterprises   |   |
| 6        | Amount (\$)                | 7 Payee address; City; State; Zip Code   | _ |
|          | \$79.69                    | 463 CR 467   |   |
|          |                            |  |   |
|          |                            | Stockdale, TX 78160  |   |
| 8        | PURPOSE                    | (a) Category (See Categories listed at the top of this schedule) (b) Description |   |
|          | OF<br>EXPENDITURE          | Advertising Expense  |   |
|          |                            | Check if Austin, TX, officeholder living expense cards                           |   |
|          |                            | caldo  |   |
| 9        | Complete ONLY if direct    | Candidate/Officeholder name Office sought Office held                            | _ |
|          | expenditure to benefit C/O |  |   |
| F        | Date                       | Payee name   | - |
|          | 02/16/2024                 | Wilson County News   |   |
| H        | Amount (\$)                | Payee address; City; State; Zip Code   | _ |
|          | \$56.00                    | 1012 C St.   |   |
|          |                            |  |   |
|          |                            | Floresville, TX 78114  |   |
| H        | PURPOSE                    | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
|          | OF<br>EXPENDITURE          | Advertising Expense Check if travel outside of Texas. Complete Schedule T.       |   |
|          | LAFENDITORE                | Check if Austin, TX, officeholder living expense                                 |   |
|          |                            | sports ad  |   |
| ┝        | Complete ONLY if direct    | Candidate/Officeholder name Office sought Office held                            | _ |
|          | expenditure to benefit C/O |  |   |
| F        | Date                       | Payee name   | - |
|          | 02/16/2024                 | Wilson County News   |   |
| ┢        | Amount (\$)                | Payee address; City; State; Zip Code   | _ |
|          | \$929.80                   | 1012 C St.   |   |
|          |                            |  |   |
|          |                            | Floresville, TX 78114  |   |
|          | PURPOSE                    | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
|          | OF<br>EXPENDITURE          | Advertising Expense Check if travel outside of Texas. Complete Schedule T.       |   |
|          | LAFENDITORE                | Check if Austin, TX, officeholder living expense                                 |   |
|          |                            | 2/22 ad  |   |
| $\vdash$ | Complete ONLY if direct    | Candidate/Officeholder name Office sought Office held                            | _ |
|          | expenditure to benefit C/O |  |   |
| $\vdash$ |                            |  | _ |
|          |                            |  |   |
| L        |                            |  |   |

#### SCHEDULE F1

Solicitation/Fundraising Expense

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | / -<br>al Committee   | Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services | Polling Expense Printing Exp | ead/Rental Expense<br>nse<br>ense<br>ges/Contract Labor | Travel in Distri |                            |
|---|---|---|------------------------------|---|------------------|----------------------------|
| Credit Card Payment  The Instruction Guide explains how to complete this form.      |   |   |                              |   |                  |                            |
| 1 Total pages Schedule F1:  | 2 FILER NAM   | E   |                              |   | 3 Filer ID       | (Ethics Commission Filers) |
| Sch: 6/6 Rpt: 15/16   | Louis, Aud  | rey Gossett (The Hor  | norable)                     |   | 00080432         |                            |
| 4 Date  | 5 Payee name  | <u> </u>  |                              |   | 1                |                            |
| 01/30/2024  | Wilson Co   |   |                              |   |                  |                            |
| 6 Amount (\$)   | <b>7</b> Payee addr   |   | State; Zip Cod               |   |                  |                            |
| \$30.00   | 1103 4th S  |   | State, Zip Cou               | -   |                  |                            |
|   |   | TX 78114  |                              |   |                  |                            |
| 8 PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense voter list |   |                              |   |                  |                            |
| Complete ONLY if direct expenditure to benefit C/Ol                                 |   | ficeholder name   | Office sough                 | nt  | Office h         | neld                       |
|   |   |   |                              |   |                  |                            |

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 16/16 Louis, Audrey Gossett (The Honorable) 00080432 Date Payee name 02/02/2024 MG Materials 6 Amount (\$) Payee address; City; State; Zip Code \$54.01 1734 W Oaklawn Rd Reimbursement from political contributions intended Pleasanton, TX 78064 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** t posts and cable ties Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH